KANSAS DEPARTMENT OF HUMAN RESOURCES <u>Individual Performance Review</u>

Employee:	Position Title:
Division & Unit:	Position Number:
Supervisor:	Review Period:
Overall l	Review Rating:
Type Review: Probationary: Annual:	Special:
indicate special tasks, projects or issues to be addressed during the period of the review. Address special duties, projects or iss	meet with the employee to discuss review areas. Use the space provided to the review period. Regular documented feedback is expected throughout sues and employee comments on reverse. At the end of the reporting II rating based on the criticality of each category including special duties, nple average of all ratings.
Commendable: Regularly meets expected per Proficient: Work is thorough and complete. Needs Improvement: Inconsistently meets of	ment to excellence and exceeds expected performance levels. erformance levels to ensure successful work completion. expected performance levels. ormance levels. Continued employment is in jeopardy. *Justification must be provided for these overall ratings.
<u>Initiative</u>	Teamwork and Cooperation
Accepts new tasks enthusiastically Assumes responsibility for tasks Works independently when appropria Actively seeks new assignments Rating:	Sets group success as priority
Quality of Work	Quantity of Work
Follows instruction carefully Work is thorough and accurate Implements process improvements Analyzes and develops effective solu Rating:	
Job Knowledge	<u>Customer Service</u> (Internal & External)
Applies standard procedures Maintains technical proficiency Serves as a job resource for others Documents work processes Rating:	Understands customer needs Responds to customer needs Gives complete & timely responses Exceeds expectations Rating:

<u>Dependability</u>	Supervision (If Applicable)
Attends work regularly Plans appropriately for absences Embraces positive change Adjusts to changing responsibilities	Encourages staff development Provides motivation and guidance Clearly defines expectations Understands and adheres to policy Treats problems with sensitivity Demonstrates leadership
Rating:	Rating:
Special Duties, Projects or Issues Please ra	te each item discussed.
	(Attach additional pages as needed
Employee Comments	
	(Attach additional pages as needed
Employee Signature Date	Supervisor Signature Date

Signature does not imply agreement with the content of the review, it only indicates the employees awareness of the information contained herein. Any eligible employee who believes that he/she has been unfairly reviewed may, within seven (7) calendar days after being advised of the review, address an appeal in writing to the Director of Personnel.